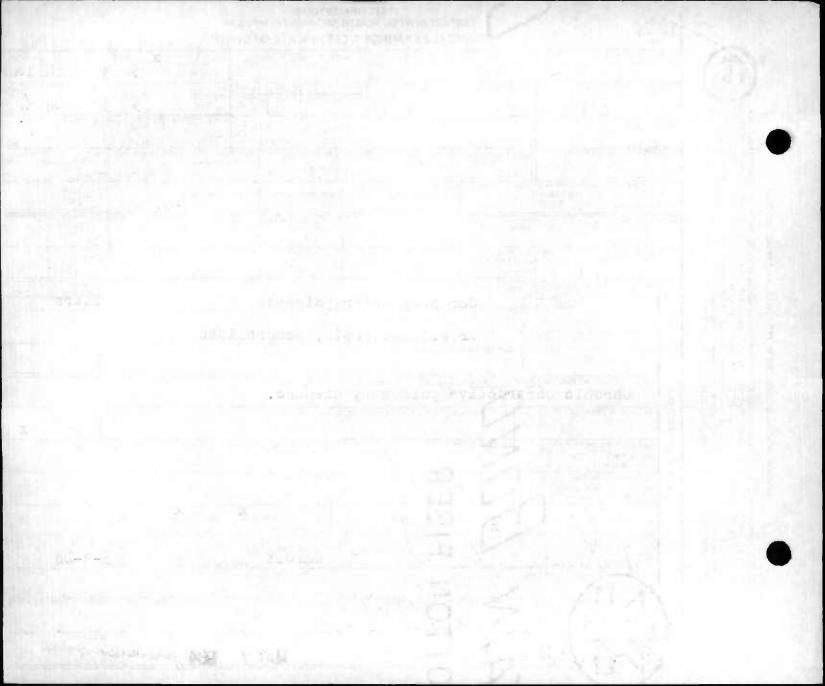
BP_ DHMH - 17 (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

1 - 3	FOR STATE REGISTRAR			м		EXAMI			ENTAL I	HYGIEN OF DE	HE ATH A	REG	. но	3	Ω.	2	. 1
	EASED NAM	E FI	RST	77%	MIDDLE			LAST			2a. DATE OF	KNOW!	MON MON	ITH D	AY YE	21	HOUR
		Clema	an	Wil	liam	BO	VSER				DEATH	MATED	口り	3	17	34	1A _M
1. SEX	4	4. RACE	5. D	ATE OF BIRT		6. AGE (IN Y		DER 1 YR.	IF UNDER		2c. DATE		MON	TH D	AY YE	AR 2	d. HOUR
Ma:	le	White	Ma	ay 9,	1916	67	YRS.	S DAYS	Hours	MIN.	PRONOU! DE AC)	5	3	19 8	34	5P M
	REIGN COUNTRY)	TATE OR	7b (ITIZEN OF	WHAT COU	NTRY?	8 MARRI	ED NE	VER MARK	RIED X	9. BALTIN	ORE CIT	Y OR CO	UNTY	OF DEATH		
Man	rvland			US	A		WIDOW	ED 🗆	DIVOR		Garre	ett (Count	V.			MD.
10 CI	Y OR TOWN	OF DEATH				URSING HON		ER INSTITU	TION	12a US	MAL OCCU	PATION	(TYPE OF WO	RK 12b.	KIND OF OR INDU	BUSIN	VESS
	antsvi]		Ro	oute 2	, Box	84	(Rı	ral)			nitor		Fire	Bri	ck F	act	ory
usua 130 si Mai	residence cyland	TIF IN NURSING	HOME OR OTH COUNTY arrett	ER INSTITUTION,	13c CIT	Y OR TOWN	lle	13d. INSIDE (ITY LIMITS?	Rou	ite 2,	ess Box	84,		2153	6	
14. FA	THER'S NAMI		MID	DIE		LAST		15 MOTH	ER'S MAID	ENNAM		AIDDLE			LAST		
	George	2	Mil	Dit	Bows			As	nes		,,,	NOUL.	7	Yast			
16a. W	AS DECEASE	DEVER IN U.	S. ARMED I		16b. SC	CIAL SECURI	TY NO.	17 INFOR	THAN			ROU	rrr		x 84		
(1)	No	(IF TE	S, GIVE WAR O	- LATES	21.	5-18-87	725	Mrs.	Glad	ys Me	yers,			ille	MD	215	36
	PARTIDE 4/4 Canditia gave ri	PEDEATH (Enter ATH WAS COME) INSTRUMENT OF THE COME O	AUSED BY: AEDIATE CA which ediate	USE (o) DUE TO, (Coror ORAS A CO Arter	b), ond (c).) PARY & NSEQUENCE PLOSC NSEQUENCE	or eros				ized				APPROXIMENT OF STREET	VSET AP	TERVAL ND DEATH
TION	PART 7 OTHER SI Ch	GNIFICANT CONE	obst	ruct	Ive p	LATED TO THE TELL OULMOT	nary	dise	ase.	ART I (a)					0 AUTOP	CV2	
FICA	176. DATE OF	OFERATION		174 CO14	DITIONTO	· Willeri Of E		ASTERIOR	,					, ,	YES [NO.
MEDICAL CERTIFICATION	216. EXTERNA UNDERLYING CONTRIBUTI	OR OR		HOUR A	.M.	DAY YEA	AR	OW INJURY	OCCURRI	ED (ENTER	NATURE OF IN	JURY IN ITEA	A 1B PART 1 O	R PART 2)			
ME		NOT WHILE	E		ACTORY, FARM,			TREE1			CITY OR TO	WN -		COUNTY			STATE
	220 I certi deoth result ACTUAL SIGNATURE		charge of t	-	Accident	ove, held un	Autop	, Hami	Inspection of the control of the con	Undet	Inquiry termined mi	anner [and in my		3-81	+	
	EXAMINER'S (TYPE OR PRI	NAME NT)	James	H. Fe	aster	Mr.,	M.D.	ADDRESS_	107 5	S. Se	cond	St.,	Oak]	land	, MD		
(5)	JRIAL, CREMA	TION, REMO	VAL 236. D.	ATE	23€.	NAME OF CE	METERY O	RCREMAT	ORY	23d. LC	ORTOWN		(COUNTY		STATE	
	ial	771	May	6, 1	984 G1	antsvi	11e (emete		Gra	ntsvi	11e.	Garr	ett	. Md		
24 FL	NO O	mul	Jun			sville,			250. DATE	REC'D. B	REGISTRA	R 256 R	egistrar ia Davi	S SIGN	- Hand	œ	0



STATE OF MARYLAND

HYGIENE

DEPARIM	MFM	Ut H	EALIH	ANU	MENTAL	
	CER	TIF	CAT	OF	DEATH	

8	GEG. N	10.	3	8	3	5
ATE OF	DEATH	MONTH	DAY	YEAR	2b. HC	UR

1	REGISTRAR DECEASED NAME FIRST MIDDLE		CERTIFIC	ATE OF DEATH	G GEG. NO	1 3	8	3	5
1	1. DECEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	ONTH DAY	YEAR	2b. HOL	JR
1	Pansy	Olive	BOWSER	.	May 9,	1984		9:2	0 ам
1	3 SEX	4 RACE	5. DATE OF B		6. AGE (IN YEARS LAST BIRTH	IDAY) IF UN	HS DAYS	IF UNDER	R 24 HRS
1	Female	White	Sept.	27, 1903 TEAR	80	YRS.	NS DATS	HOURS	W.Inc
	7. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR		DEATH		-
	W. Va.	USA	WIDOWED		Garrett				MD.
	IN CITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL NURSING HOME OR O	THER INSTITUTION	12a. USUAL OCCUPATIO		26. KIND C	F BUSIN	ESS OR
	Oakland	Garrett Co	Memorial H	ospital	Homemaker	WORKING [IFE]	Own 1	Home	
	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSION)		13e STREET ADDRESS /	ZID CODE		20110	
5	17.7			I INSIDE CITY LIMITS?	Rt. 2 Box		2155	n	
1	14. FATHER'S NAME			MOTHER'S MAIDEN NA	AME	00			
7	Jacob	Sis	$\mathbf{ler}^{^{LAST}}$	Margaret	WIDDLE	Sh	nith	1	
4	160. WAS DECEASED EVER IN U.S. AR			INFORMANT	ADDRES		II CII		
	160. WAS DECEASED EVER IN U.S. AR (IF YES, GO (IF YES, GO	23	5-74-2342	Mrs. Elaine	Ream - same	as 13			
١	18. CAUSE OF DEATH (Enter or			TO LICELIO	Totali Saine	10	APPROX	MATE INTE	RVAL
ı	PART I. DEATH WAS CAUSE	D BY.	erebral	150000	a. a.	Roth	BEIMFEN	ONSET AND	DEATH
	O 3 00 IMMEDIA	TE CAUSE (o)	2120112	vasca	su occi	120			
	0387	DUE TO, OR AS A	CONSEQUENCE OF						
	Conditions, if any, which gave rise to immediate	(b)	7545						
	couse (o), stating the	DUE TO, OR AS A	CONSEQUENCE OF						
	underlying couse lost.	((c)							
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN II	N PART 11	0 '	
	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING								4 1/2
	5 190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATION V	VAS PERFORMED	20a AUTOPSY?	106. IF YES, WE			
	STEE STEE				YES NO	YES []	NO [
>	21a. ACCIDENT WAS UNDERLYING			It. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM TO PART I	OR PART 2)		
	OR CONTRIBUTING CAUSE OF DE	AIR	19						
	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	21e. PLACE OF INJU		II LOCATION	CITY OR TOW		COUNTY		STATE
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACT	ORY, OFFICE, FARM, ETC)	ZIKEEI	CITOMION		COOKY		,,,,,,
	220 I certify that (D) this hosp	ital) attended the dece	and from 90 r.	19 8	1, 10 Ming	7 , 19	84.	tho (II)	we) lost
d	sow the deceased alive or	Ma	7 19 8 9, and t	hat in (our) opinion	death occurred on the day	e and hour and	d from the	couses st	oted
i	above, () (we) (did (did no	view the body after de		GREE			22c DATE	SIGNED	
	1/25 Aca	sal nu	00 D.	ATTENDING	MEDICAL STAFF		5/10	W84	
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		2e ADDRESS	OAK III	100	ig	1	
	1 Da	-10//	h //4	21)	A (-1)	104	20	-	
	22 DUDIAL COST	100	122 NIAME OF CEN	EVERY OR COSTA VICE	123d, LOCATION	1 0		-	
	Burial, CREMATION, REMOVAL			ETERY OR CREMATORY	CITY OR FOWN		YTHU		STATE
		5/11/84	Terra Al	ta Cemetery	Terra Alt		ston		Va.
1	24 FUNERAL DIRECTOR	W/ CXING	J	25a. DA	TE REC'D. BY REGISTRAR Z	56. REGISTRAR	SSIGNAT	URE	

DHMH - 16 50M 4/83

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the ishould be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

MPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the medical examin

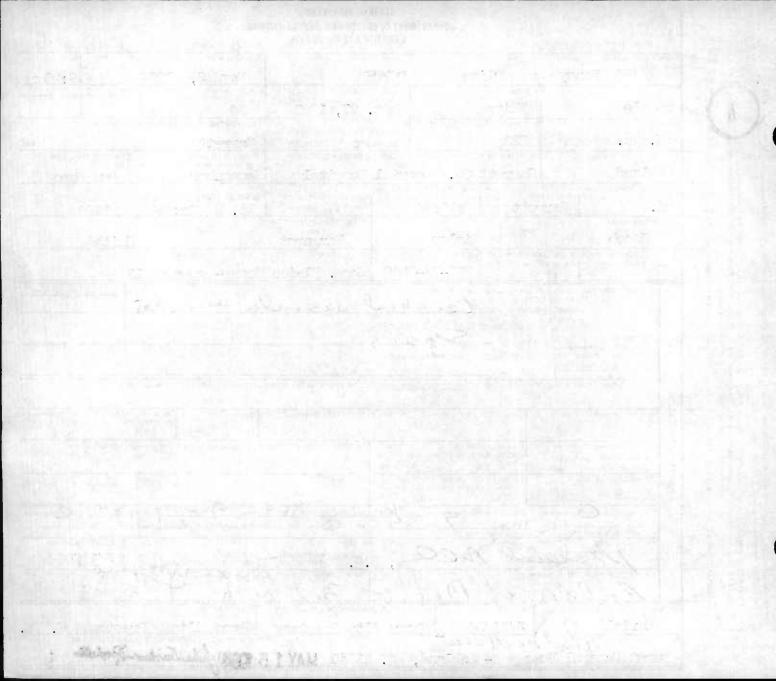
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofti

etained by the haspital or attending physician.

Durst Funeral Home (VRA 15, 4)

- Oakland, Md. 21550

1941 Julia Davidson Rondolle



and completely filled in by the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and call braining the structured for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 min the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

etained by the haspital or attending physician.

medicol ex

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shaws

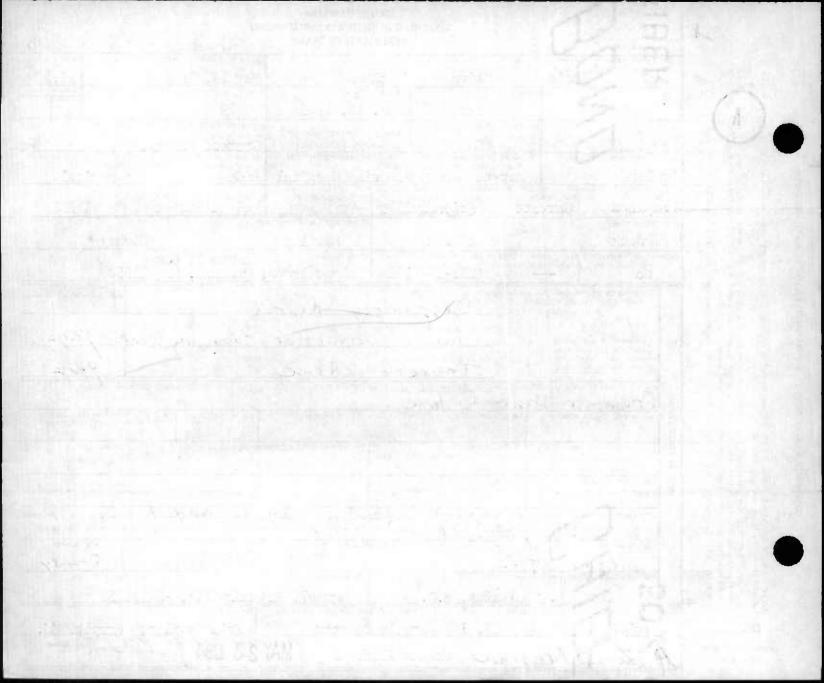
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 -	REGISTRAR		CERTIFICATE OF DEATH 8 REG. NO. 3								3 6	
	CEASED NAME	FIRST	'	MIDDLE		AST .	2a. DATE	OF DEATH	MONTH	DAY YEAR	2b. HOUR	
		osie	0	live	BR	OWN	May	19, 19	184		12:35 ^A	
3. SE	x		4. RACE		5. DATE C			IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
1	Female		Wh	ite	Jan.	13, 1905 FAR	7	9	YRS.	MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIA	AORE CITY O		Y OF DEATH		
_	ryland			SA	WIDOWE			Garrett County.				
10 C	ITY OR TOWN OF DEA	TH		HOSPITAL, NURSIN		OR OTHER INSTITUTION		AL OCCUPATION FOR MOST C		126. KIND C FE) INDUSTRY	OF BUSINESS OR	
- 2	kland		Garret	t County	Memor	ial Hospital	l Aide	Aide Hospital				
13a. S	al residence (# nurs state ryland	136 COUP Garr	1TY	Friendsv	N	13d INSIDECITY LIMITS? YES X NO [Waln	address out Str		DE 2	21531	
)4. FA	ATHER'S NAME		MIDDLE	LACT	11/1/	15 MOTHER'S MAIDEN	NAME	MIDDLE		LA:	6.7	
	Jack		MIDDLE (Griffith		Savilla				Lichty	31	
16a V	VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17. INFORMANT	Rou	ite 5,	Box 8	39		
. (YES, NO OR UNKNOWN)	(IF TES, GIV	- WAR OR DATES	233-56-9	183	Delone Brow	vn. Oak	land.	MD 2	21550		
		H (Enter on	lu one soure nes	line for (a), (b), and	diens.					APPROX	IMATE INTERVAL ONSET AND DEATH	
23.1	PART I. DE ATH W	AS CAUSE	D BY:	Pacal	cata	" Him	ac V			OCTAVEEN	ONSET AND DEATH	
	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF Rumanary USCOS							200 }	reage			
	underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF A buse							Y	ease			
	PART 2. OTHER SIGN	NIFICANT (ONDITIONS CO	ONIRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISE	ASE OR CON	DITION GI	VEN IN PART 1	a	
O	CONDECTO	10 H	Lenvit	ta: live	9							
CERTIFICATION	190 DATE OF OPERA		196 CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO YES NO				
CERT	21a. ACCIDENT WAS UNE	DERLYING [21c. HOW INJURY OCC						
AL.	OR CONTRIBUTING		MIN .	M. MONTH DA								
MEDICAL	21d. INJURY OCCURE	RED	21e. PLACE		19 ARM ETC)	211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE	
	22a.1 certify that (I)		tell estanded th	o deceased from	3 a	20 10 8	U	Ma Co	4. 19	10 8/1	that (1) (We) last	
	saw the decease abave, (1) (we) (d alive an	5-1	8-84 19		nd that in (my) (por) opinio	on death occu	rred on the d	ate and ha	7		
	226. SIGNATURE		Iva		11000	DEGREE	/		2.95	22c. DATE	SIGNED	
	Men	A LONG A CATENDING PHYSICIAN							FF CIAN [5	-21-83	
	224/PHYSICIAN'S N	ME (TYPE C	R PRII+11			22e. ADDRESS		- 0.17			/	
	Georg	e B.	Stoltzf	us, M.D.		Box 67, I	Friends	ville.	MD	21531	66	
23a. (BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATOR		CATION		COUNTY	STATE	
	Burial		May 21	, 1984 St	eele	Cemetery	Fr	iendsv	ille.	Garret		
24. FI	NAME OF THE COR	1 Le	wman	1		e, MD 25M	AY23	1984	Was D	TRAN'S SIGNA	Heale	

DHMH - 16 50M 4/83 (VRA 15, 4)

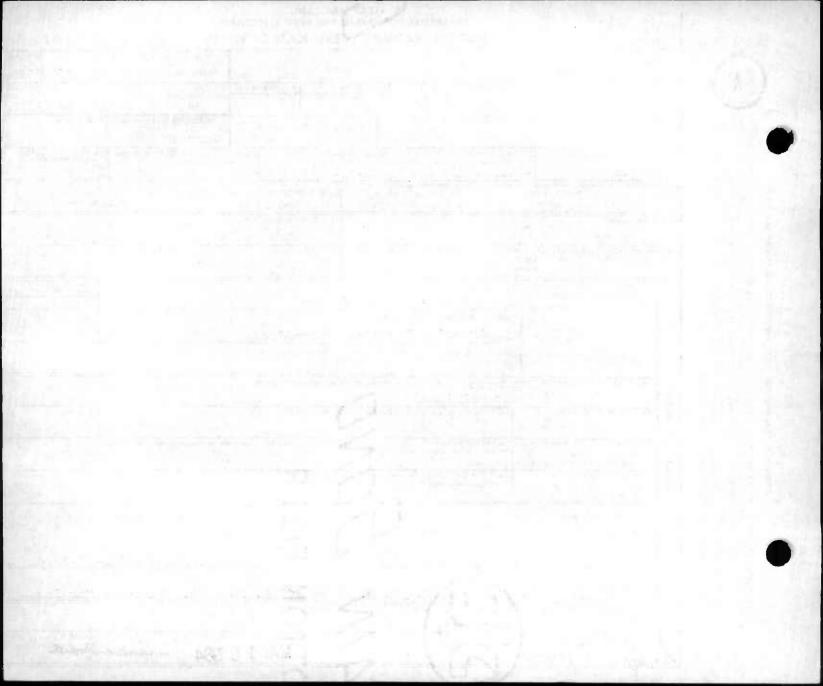
BP.



TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH IF ANY DELAY IS NECESS. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1.7 AND 3 TO THE HUNERAL PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WITH FORM PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE HILL WITHIN THE STATE DEPARTMENT OF HEALTH AND MEDITAL HYGIENE, DIVISION DAVITM PRECORDS. HATHER THE STATE DEPARTMENT OF HEALTH AND MEDITAL HYGIENE, DIVISION DAVITM PRECORDS. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

> DHMH - 17 (VR A15 ME (5) 20M 4/82

1	_	OR		D	STA DEPARTMENT OF		MARYLAND HAND MEN	TAL HYG	HENE					
		STATE REGISTRAR			DICAL EXAMIN					REGINO.	3	8	3 1	1
		EASED NAM	AE FIRST		MIDDLE		LAST	·	20. DATE K	NOWN X	MONTH	DAY	YEAR	26 HOUR
	Thre	OKPRINI)	Retha		Mae	D	OVE		OF-	MATED	5	11	184	925PM
	J. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN Y			UNDER 24 H	THE DITTE	CED	MONTH	DAY	YEAR	2d. HOUR
,]		nale	White		1915 68 y	YRS.	ns DAIS	JURS	DEAD		5	11	84	925P _M
A		RTHPLACE (S		76. CITIZEN OF WH	AT COUNTRY?	8 MARR	IED X NEVER	MARRIED	9. BALTIMO	DRE CITY OR	COUN	TY OF D	EATH	
1		ryland		USA		WIDOW		TORCED	□ Garre			* 171 VIII	IS OF BUI	MD.
5	10. CIT	Y OR TOWN	OF DEATH		PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS)		HER INSTITUTION		FOR MOST OF WORK	ING LIFE))F WORK	OR INDUSTRY		RY
4	C	akland	T I'S IN NUIPSING HOME	Garrett C	Garrett Co. Mem. Hospital Homemaker							Own	Home	9
4	13s. ST	ATE	13b. COUN	1TY	13c. CITY OR TOWN		13d. INSIDE CITY L		STREET ADDRES			0.		7.507
4		aryland		ett	Friendsvi	ille	YES NOTHER'S		Vater St.	(P.O.	Bo	x_3	<u> </u>	1531
//		FIRST		MIDDLE	Canada		FIRST		MID	DDLE	0		LAST	
4	16a. W	Benjamin . WAS DECEASED EVER IN U.S. ARA		F.	DEODGES 14 SOCIAL SECURITY NO 11 INEOPMANT ADDRESS						Savage			
	(YE	NO OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)	218-34-48	355			P.O. Prie	BOX .	372 110	MD 21531		
		18 CAUSE C	OF DEATH (Enter or	nly one cause per line f		-	1 TOWID	IC. DO	700, 1110	IIUS V I.	LIC		PPROXIMATE	
		PARTID			onary arte	ry di	isease						Pars	T AND DEATH
		41	40		AS A CONSEQUENCE			-						
			ons, if any, which		eriosclero	sis,	general	ized				-	,	
		cause (a	a) stating the <u>under</u>		AS A CONSEQUENCE									
		(c)												
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10													
	CERTIFICATION	M 2 175 2		Abetes mellitus 1196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							To a constant			
1	NO.	190 DATE O	F OPERATION	196 CONDII	ION FOR WHICH OPE	RATION W	/AS PERFORME	D?					UTOPSY?	
싞	F	21a EXTERN	IAL CAUSE WAS	21b. TIME OF	INILIRY	[7](H	OW IN ILIPY OF	CLIPPED 15	ENTER NATURE OF INJU	IDV IN ITEM 18 PA	PT T OR PA		YES 🗌	NO X
1		UNDERLYING	G OR	HOUR A.M.	MONTH DAY YEA		O 11 11130K 1 OC	CORRED (C	THE THE ONE OF MOO	AT PATTERN TO TAI	KI 1 OK 1 A			100
71	EDICAL	21d. INJURY	OCCURRED		DE INJURY JATHOME.	21f. LO	CATION							
	W.	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC.)		STREET		CITY OR TOW	И	co	YTHUG		STATE
			//	ge of the remains desc	rihed above, held an	Aylop	nsv I le	spection K	, Inquiry	X and	in my ai	ninian		
		death resul		[Y]		viciale	. Hamicide		Indetermined mar		m my of	piirioii		
			X	, 7										
											5-11	1-198	4	
		EYAMINED'S	NAME											
1					r, Jr., M.		ADDRESS_10		2nd. St.	, Oakl	and	, Ma	ıryla	nd
	(5)	PECIFY)	ATION, REMOVAL		23c NAME OF CE				3d. LOCATION		COU	INTY	51	ATE
		Burial		May 14, 19	984 Sand St	oring	Cemeter	DATE PEC'	Friends		Gar	rett	LIRE MC	-
	1	MAME	Mens	ADDRESS	2	1.00		MAY 1	8 1984	Pia Da	vidren	~ B	ndelle	
	N	sum	NI LUI	100	Grantsville	e. MD		MICH T	0 1304		. (-000)			



ertor, page 3

4 may be

STATE OF MADVIAND

	217112		.,,,,,,	
EPARTMEN'	T OF HEA	LTH AND	MENTAL	HYGIENE
(1	DISTA	ATE OF	DEATH	

FATHER'S NAME A BIRTHPLACE (ISTATE OR FOREIGN TO COUNTRY) White White	MD.
3. SEX 4. RACE 4. RACE 5. DATE OF BIRTH MONTH 4-28-15 76. BIRTHPLACE (STATE OR FOREIGN CULTY OR COUNTRY?) 10. CITIZEN OF WHAT COUNTRY? 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CALLAND 12. USAL OR FOREIGN 13. COUNTY WIDOWED DIVORCED 14. CITY OR TOWN OF DEATH 15. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION CALLAND C	FUNDER 1 YEAR OF HOURS MIN. OF DEATH MD.
3. SEX Jemale 1. RACE White 5. DATE OF BIRTH MONTH	OF DEATH MD. 12b KIND OF BUSINESS OR
FATHER'S NAME AGE BIRTHPLACE (STATE OR FOREIGN COUNTY OF WHAT COUNTRY? BIRTHPLACE (STATE OR FOREIGN COUNTY OF WARRIED AND WORKED DIVORCED DI	OF DEATH MD. 12b KIND OF BUSINESS OR
76. CITIZEN OF WHAT COUNTRY? WARRIED A NEVER MARRIED GARLETTO GROUNTY OF GOUNTY OF GO	OF DEATH MD. 12b. KIND OF BUSINESS OR
76. CITIZEN OF WHAT COUNTRY? WARRIED A NEVER MARRIED GARLETTO GROUNTY OF GOUNTY OF GO	MD.
WIDOWED DIVORCED SATEST 126 USUAL OCCUPATION (TYPHING WORK LOW MOST OF WORKING LIFE) 127 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 128 USUAL OCCUPATION (TYPHING WORK LOW MOST OF WORKING LIFE) 129 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 131 COUNTY 132 CITY OR TOWN, 133 CITY OR TOWN, 134 INSIDE CITY LIMITS? YES NO 155 MOTHER'S MAIDEN NAME FIRT CLASSIC MIDDLE Wright 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	176 KIND OF BUSINESS OR
The city or town of Death Oakland USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION (SYNOTHINS SUCH FACILITY GIVE STREET ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INSTITUTE 13 POOL STREET ADDRESS AZIP CODE FATHER'S NAME ALBERT MODIE WOLZE 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 128 USUAL OCCUPATION (TYPHIPS WORK FOR MOST OF WORKING LIFE) 129 USUAL OCCUPATION (TYPHIPS WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (TYPHIPS WORK FOR MOST OF WORKING LIFE) 120 USUAL OCCUPATION (TYPHIPS WORK FOR MOST OF WORKING LIFE) 130 STREET ADDRESS AZIP CODE 130 STREET ADDRESS AZIP CODE 151 MOTHER'S MAIDEN NAME FIRE GUASIC MIDDLE Wright ADDRESS	176 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 4.ZIP CODE 155. MOTHER'S MAIDEN NAME ALBERT 156. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS 136. INSIDE CITY LIMITS? 156. STREET ADDRESS 4.ZIP CODE 157. MOTHER'S MAIDEN NAME 158. MOTHER'S MAIDEN NAME 158. STREET ADDRESS 4.ZIP CODE 159. MOTHER'S MAIDEN NAME 159. CLASSION 150. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	26764 99999
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 4.ZIP CODE 155. MOTHER'S MAIDEN NAME ALBERT 156. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS 136. INSIDE CITY LIMITS? 156. STREET ADDRESS 4.ZIP CODE 157. MOTHER'S MAIDEN NAME 158. MOTHER'S MAIDEN NAME 158. STREET ADDRESS 4.ZIP CODE 159. MOTHER'S MAIDEN NAME 159. CLASSION 150. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	26764 99999
FATHER'S NAME ALBERT MEDIE Wolfe 15. MOTHER'S MAIDEN NAME FIR GUASIC 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	26764
FATHER'S NAME Albert Medie Wolle Wolle 15. MOTHER'S MAIDEN NAME FRY JUNAIR MIDDLE Wright 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	20/04
HLDERT L. WOLFE GUALE WRIGHT 166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
THE WAS DECEASED EVEN IN U.S. ARMED TORCES: THE SOCIAL SECONTITUO. 117 INTORMAINT	t LAST
(194) NO OR UNKNOWN) (18 YES, GIVE WAR OR DATES) 233-62-9655 Harry J. Fraley, 114 Joy St.	Jerra Alta. W
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
1539 IMMEDIATE CAUSE (6)	
Conditions, if any, which (b) Colops	mondy.
gove rise to immediate	
couse (a), stating the Underlying couse last DUE TO, OR AS A CONSEQUENCE OF	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	N IN PART I In
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, V	WERE FINDINGS USED
YES NO YES	ING CAUSES OF DEATH?
190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, V IN CERTIFYII YES NO YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2)
A CONTRACTOR OF STATE	
214 INJURY OCCURRED 218 PLACE OF INJURY 211. LOCATION	COUNTY STATE
WHILE NOT WHILE AT WORK AT WORK	J.A.L
22a.l certify that (I) (this hospital) attended the deceased from	9, that (I) (we) last
saw the deceased alive an	and from the causes stated
22b. SIGNAFORE DEGREE	22c. DATE SIGNED
D.O. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5-7-84
224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS	
23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
	COUNTY STATE
	enton WV
Runia/ 5-0-8/1 7 11, C	eston WV Ar's SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicians should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

IMPORTANT: If them 21 is marked or Item 18 shows any injury, ar ather traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate.

retained by the haspital or attending physician.

	ITARY	etell mis			
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

njury, ar ather traumatic event, th

IMPORTANT: If Hem 21 is marked or Item 18

STATE OF MARYLAND

REG. NO.	3	ठ	3	4
		115 1 6		

1	- STATE REGISTRAR	DEP	CERTIFICATE (8 4 REG. NO.	1 3	8	3	1
T	I. DECEASED NAME FIRST (TYPE OR PRINT) Andrew	Grant	FRIEND	20.	Ma.v	7. 1984		2b. HOUR	D44
ŀ	3. SEX	4. RACE	5. DATE OF BIRTH	6 A	AGE (IN YEARS LAST BIRTH			IF UNDER 2	4 HRS
	Male	White		1902 EAR	81	YRS.		HOURS	MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN USA	TRY? 8. MARRIED X NE	VER MARRIED . 9. E	Garrett	COUNTY OF D	EATH		MD.
1	Swanton	11. NAME OF HOSPITAL, NL (IFNOT IN SUCH FACILITY, GIVE ! Rt. 1 BOX 1	STREET ADDRESS)	(1)	I. USUAL OCCUPATIO YPE OF WORK FOR MOST OF V FOREMAN	WORKING LIFE) IN	LKIND OF DUSTRY Ailro		SSOR
1	USUAL RESIDENCE (IF NURSING HOME O 130. STATE 13b. COU Md. Garr	INTY 13c CITY OR	TOWN 13d. INSI	NO 🛣 📘	street ADDRESS	161	21561	1.	
	Josiah G.	MIDDLE LASI	IM	HER'S MAIDEN NAME FIRST	WIDDLE		itzer		
	16a WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	5-9387 Mrs	ormant o. Doris B.	Friend, -		s 13		
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	EQUENCE OF						
		CONDITIONS CONTRIBUTING	TO DEATH BUT NOT REL	ATED TO THE TERMINA	AL DISEASE OR CONDI	TION GIVEN IN	PART Ito		
7	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b CONDITION FOR W	HICH OPERATION WAS P		200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO			
		HOUR A.M. MONTH		W INJURY OCCURRED	(ENTER NATURE OF INJURY	IN ITEM 18 PART 1 O	R PART 2)		
	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OI	FICE FARM, ETC)	STREET	CITY OF TOW	ч с	OUNTY	51	ATE
	sow the deceased alive a	oitol) ottended the deceased from 7 May 100) view the body after death.	19 4, and that in	(my) (our) opinion deal	, to th occurred on the dot		from the co		
1	27b. SIGNATURE	and M	DEGREE	PHYSICIAN D	MEDICAL STAFF		10 M	IGNED	0
9	A.E. Mance.		72e. AD	ird St.	Oakland. N	/arvland	1	/	

DHMH - 16 50M 4/82 (VRA 15, 4)

BP

Durst Funeral Home

230 BURIAL, CREMATION, REMOVAL
(SPECIFY Burial

Oakland, Md.

23b. DATE

5/10/84

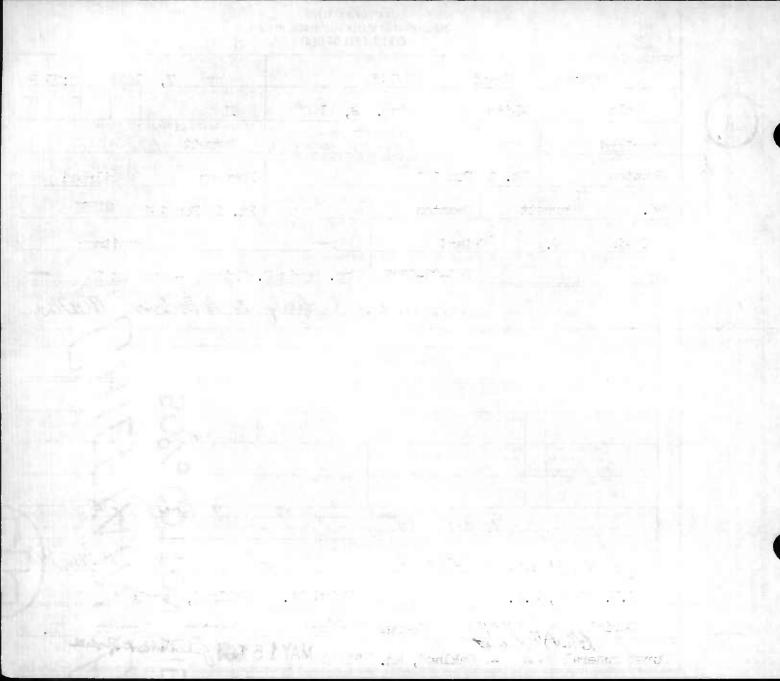
21550

230 NAME OF CEMETERY OR CREMATORY

George Cemetery

23d LOCATION CITY OF TOWN Swanton Swanton Garrett

Md.



BP. **DHMH - 17** (VR A15 ME (5)) 15M 7/76

2		FOR STATE			PARTMENT							F13		6.75
		REGISTRAR CEASED NAME	FIRST		CAL EXAM	MINEK'S	LAST	CAIE		Auri REO	NO.	TH DAY	YEAR	7b. HOUR
		E OR PRINT)								OF ESTI-		20	81.	5A
1	I SEX	Tr.	Okey	Rube			UNDER I YR.	IF UNDE	D 24 UDS	DEATH MATED	MON	1	9 YEAR	2d. HOUR
1		2		MONTH DAY	YEAR LAST B	IRTHDAY) M	ONTHS DAYS	HOURS		PRONOUNCED	5	20	81,	121
5	Mar.	TE N	White	9-14-1891 76. CITIZEN OF WHA	92	YRS.				DEAD 9. BALTIMORE CIT	Y OP COI		7 1	
A	FOR	REIGN COUNTRY)	TE OR		COUNTRY		RRIED X N		RIED 🔲	, BALTIMORE CI	- OK CO	ONI I OF DE	AIR	
4		aryland	E DE LYLL	USA	AL AUDREBIO		OWED [DIVOR		Garrett			OF BILL	MD.
M	1			(IF NOT IN SUCH FACIL			THEK INSTITU	NOITE	FOR M	OST OF WORKING LIFE)	(TIPE OF WO		NDUSTR	
-		riendsv		First Ave					Coa	1 Miner		Coa	1	
Z	13a. S1	TATE	13b. COUN	OR OTHER INSTITUTION, GIVE	13c. CITY OR TOV	VN		CITY LIMITS?	13e. STRE	ET ADDRESS				
1	_	ryland	Ga	rrett	Friends	ville				st Avenue	5	2	1531	
9		THER'S NAME		MIDDLE .	LAST			FIRST	DEN NAME	MIDDLE		LA		
4	_	Oliver		romwell	Frie			uzann	e	Ye		Fik	e	
1	16a. W	ES, NO, OR UNKNOW		WAR OR DATES)	166. SOCIAL SEC		17. INFOR			P.O. AB				2.7
		Yes	. I WW	1	214-01-	9752	Elma	A. F	riend	, Friends	sville		215	7
			DEATH (Enter on TH WAS CAUSE	ly ane couse per line for BY:			0+40	a and	10 ***	ascular	210	BETWE		AND DEATH
		45	IMMEDIA"	E CHOSE (0)	A CONSEQUE		OUTC	caru	10-4	ascular	uls	case	Te	ars
		Conditions	if any, which	DOE TO, OR A.	S A CONSEQUE	ACE OF								
		gave rise	to immediate	(b)		105.00								_
		lying cause		DUE TO, OR AS	S A CONSEQUE	ACE OF								
vi		PART 2 DTHER SIGN	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	F TERMINAL DE	FASE OR CONDITI	ON GIVEN IN E	ART 1 (a)					
	N													
1	ATIC	19a. DATE OF C	DPERATION	196. CONDITIO	ON FOR WHICH	R WHICH OPERATION WAS PERFORMED?						20. AUTOPSY?		
1	IFIC	0.7										YE	s 🗆	NO K
6	CERTIFICATION	21a. EXTERNAL	CAUSE WAS	216. TIME OF II		210	HOW INJUR	YOCCURE	RED LENTER N	ATURE OF INJURY IN ITE	M 18 PART 1 C			
5	ALC	UNDERLYING	☐ OR G☐ CAUSE OF I		MONTH DAY	YEAR 9								
	MEDICAL	21d INTURY OF	CCUPPED	21e. PLACE OF	INJURY (ATHO		LOCATION							
	W	WHILE AT WORK	NOT WHILE D	STREET, FACTOR	Y, FARM, ETC.)	561	STREET			CITY OR TOWN		COUNTY		STATE
			1	e of the remoins descri	hed above held	lan Au	topsy .	Inspecti	on X	Inquiry X,	and in m	y apinion		
		death resulted		F-	ccident .	Suicide		icide []		ermined monner	7.	y opinion		
	-	Geom resoner	V.	O Couses	Corden	Soicide		(SPECIFY)	Ondere	, mined monner E	and '			
		ACTUAL SIGNATURE	Osen 1	4 ST	A	-0	and an arrange	PUTY	MEDI	ICAL EXAMINER	DA	TE 5-2	0-81	4
h	1	SIGITATORE 7	20 TH		0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			CAL EXPONENTER	310	31420		
P		EXAMINER'S N	T) Jam	es H. Fe	aster.	Jr.	Modres	. 10	7 S.	2nd. S	t.,	Oakla	nd,	Md.
		URIAL, CREMAT	ION,REMOVAL	3b. DATE	23c. NAME O	F CEMETER	Y OR CREMA	TORY	123d. LO	CATION		COUNTY	STA	ATE .
	13	Burial	20 2 11	5-23-1984	Steele	Ceme	tery		Fri	endsville	, Ga	rrett.	Md.	11:11
	24. FI	UNERAL RECT	OR D	DODRECC				MAN	234	HESTERAR 251	TEOISTRAN	S SIGNATU	RE	, ,
	NV	dens	J/ Pun	naco Gr	antsvill	e. MT)	1471.	11 20	3008	- h (-			

A CANDARD STORE OF THE STORE S

	FOR STATE REGISTRAR	DEPARTI	MENT OF HE	EALTH AND MENTAL HYG CATE OF DEATH	SIENE 8 AREGINO.	3 8	4
	1 DECEASED NAME FIRST	MIDDLE	LA	ST	20 DATE OF DEATH MONTH	DAY YEA	AR 26 HOUR
	Grace	Christine	GEA	RHART	May 7, 1984		600 PA
	3. SEX	4. RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 11	
	Female	White	July	5, 1894 YEAR	89 YRS		AVS HOURS MIN.
1	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR COUN		н
	Pennsylvania	USA	WIDOWED		Garrett		ME
1	Oakland	(IF NOT IN SUCH FACILITY, GIVE STREET ROUTE #5, Box	ADDRESS)	ROTHER INSTITUTION	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Secretary	LIFE) INDUS	ID OF BUSINESS OR TRY OCETY CO.
1	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 136 COU		nd	13d INSIDE CITY LIMITS? YES NO D S MOTHER'S MAIDEN NAI	Route #5, Bo		21550
	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRESS	Soo #1	3 above
Control of the last of the las	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE OF DEATH WAS CAUSE OF DEATH WAS CAUSE OF DEATH OF	only one couse per line for (a), (b), on	ENCE OF	stretue	pudie.	API BETW	PROXIMATE INTERVAL SEN ONSE! AND DEATH

90 DATE OF OPERAT

96 CONDITION FOR WHICH OPERATION WAS PERFORMED

10a AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [

CERTIFICATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e. PLACE OF INJURY

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOT WHILE

HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION CITY OR TOWN COUNTY

and that in (my) (apr) opinion death occurred on the date and hour and from the causes stated

NOX

226. SIGNATURE

DEGREE

ATTENDING

PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN [

STATE

22d. PHYSICIAN'S NAME (TYPE OR PR

311 North Fourth St., Oakland, Md.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

23b. DATE

Dr. Thomas Johnson, MD

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

5/10/84 Philipsburg Cemetery Philipsburg WAY TE C 184 5 MAN ST REGISTR 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then plea: with the State Dept. of Health and Mental Hygiene prior to burial,

certificate has been

etained by the haspital or attending physic

BP.

O FUNERAL DIRECTOR:

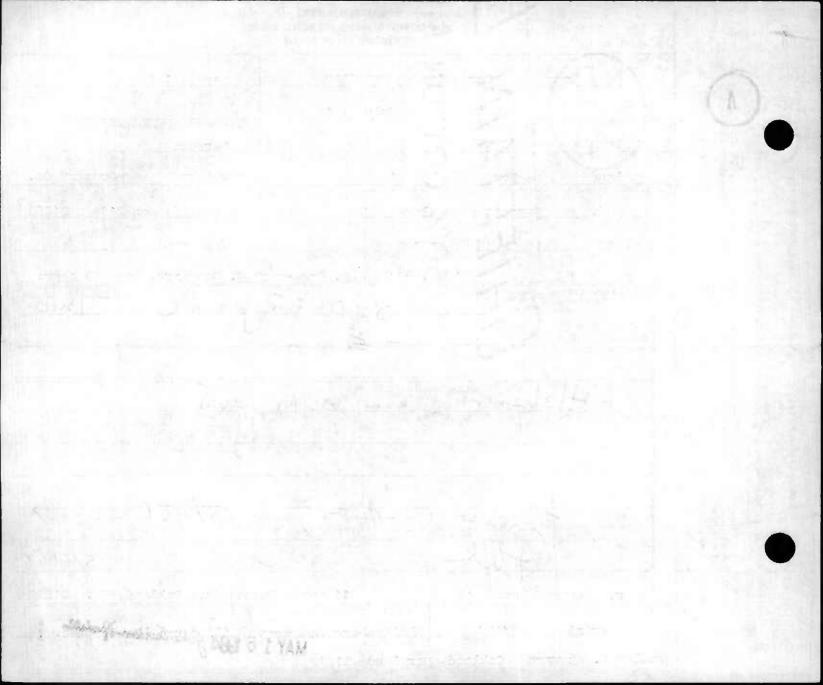
ar other traumatic

18 show

IMPORTANT: If Item 21 is marked or

Bradley A. Stewart

Oakland, Maryland 21550



, -	1				STATE	OF MARYL	10-1-1				
-3	1.	FOR STATE REGISTRAR		DEPARTM		ALTH AND M		4-3	. 1	mig	\$ 50
be oge 3		CEASED NAME FIRS		Merle	'EA!	Hamm	onds	20 DATE OF DEATH	MONTH D	1984	26. HOUR A
may	3. SE 3 e	x male	White		S. DATE OF	BIRTH	YEAR	6. AGE (IN YEARS LAST BI		IF UNDER TYEAR	HOURS MIN.
A CE AS	3	RTHPLACE (STATE OR FOREIGH	76. CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWED	NEVER M	ARRIED -	9/BALTIMORE CITY OF		OF DEATH	MD
		aklard	11. NAME OF GAVE	HOSPITAL, NURSING	HOME OF	L Hospi	tal	120 USUAL OCCUPAT			BUSINESS OR
Selection of the select		AL RESIDENCE (IF NURSING HO	OUNTY	130. GITY OR TOWN	ta	13d. INSIDE CIT	IY LIM(TS?	130 STREET ADDRESS	/ ZIP CODE	99	499
npletely and 2 sh	H. F.	ATHER'S NAME William	MIDDLE	Keller		15. MOTHER'S	MAIDEN NAA MRST MMCL	WIDDLE	Ine	eland IAST	
Poges 2	16a \		S. ARMED FORCES? ES, GIVE WAR OR DATES)	166. SOCIAL SECUR 464-14-16		Penny		, Main St		a Alta,	WV 267
quines that the death certiful signed by the attending phy Then please remove carbon problems, cremation, or remaining, or other traumatic even righty, or other traumatic even	NOI	Conditions, if any, whice gove rise to immedial couse (a), stating the underlying couse los	DUE TO, Co. the (b) DUE TO, Co. DUE TO, Co. DUE TO, Co. (c) DUE TO, Co.	OR AS A CONSEQUEN	NCE OF NCE OF	evri	Corrisi	is Vascular		4.	25.
has been to be to	CERTIFICATI	190. DATE OF OPERATION	/	DITION FOR WHICH C	PERATION	WASPERFOR	RMED	20a AUTOPSY? YES NO	IN CERTIFY	WERE FINDING CAUSES	
YSICIAN TI frig physics certificate bund-transis Mental Hygi	MEDICAL CER	71a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXA 21d. INJURY OCCURRED	OF DEATH HOUR A	OF INJURY .M. MONTH DAY .M. OF INJURY	YEAR	21r HOW INJ		ED (ENTER NATURE OF IN)			
DONG PH or attent or at the In- ne as the I ealth and a	ME	WHILE AT WORK NOT WHILE TAT WORK 22a.1 certify that (IV) (this	hospital) attended t	he deceased from	RM ETC)	STREET	, 19&1			COUNTY	STATE hot (we) lost
TAL OR ATTEN AAL DIRECTOR detective for tore Dept of H		100	ve on	varier death.	Ď	EGREE AT	TTENDING HYSICIAN	MEDICAL STA	AFF.	22c. DATE S	
O HOSPI efforted b should be with the S		Momas	L. MAN	CE 2.0.		22e ADDRESS					
99999	13a Be	BURIAL, CREMATION, REMO	236. DATE			METERY OR C Lta (en	netery	23d LOCATION Jerra A	Ita, P.	reston,	WV STATE
DHMH - 16 50M 4/83	24.5	INIT A DIRECTOR	11-1	DOPESS P.	0. B	ex 46	750. DAT	REC'D. BY REGISTRA	RL756. REGIST	PAR'S STEVAL	32

Boyess P. O. Box Jerra Alta

DHMH - 16 50M 4/83

(VRA 15, 4)

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	Texas Nite. IN Elem	duints.	connected allow	10/1-1-50		(

	1-3	FOR STATE REGISTRAR			A	DEPARTA AEDICAL E	MENT OF H	EALTH		ENTAL			REC	но.3	8 4	1 3	
		EASED NAME		FIRST		MIDDLE			LAST				KNOWN		NTH DAY	YEAR	26. HOUR
	line	ORPHINI	J	ohn		Henry		H	avrar	1		OF DEATH	ESTI- MATED	<i>X</i> □ 5	5 1	,84	9P M
	1	ale	4. RACE Whit		Apr.1	7,1923	6. AGE (IN YEAR LAST BIRTHDA) 61 YRS	MONT		IF UNDER	R 24 HRS.	2c. DAT PRONOL DE A	INCED D	моN 5	7	YEAR 984	24 HOUR 130P _M
3	FOR	RTHPLACE (ST.			USA	WHAT COUN		WIDOW		DIVOR	ED 🗆	G	arret	t	UNTY OF DE		MD.
	De	er Par.	k		Rural		REET ADDRESS)		er institu	TION			PATION PRINCIPE N he		_OR	INDUSTR	
5	13n ST		(1F IN NURSI	Tuck	1	N, GIVE RESIDENCE	OR TOWN	7)	13d INSIDE (ITY LIMITS?		REET ADDI	RESS	Rura	al 9	99	99
V		THER'S NAME Pau	1		MIDDLE	Hav	ran		I	ort		E	MIDDLE		Bu	cha	n
19	16a. W	AS DECEASED	DEVER IN	U.S. ARM	ED FORCES?		IAL SECURITY		17. INFOR				ADDR				
2		Yes		F YES, GIVE W	WII	P15-	16-45	79_	Ju]	ie S	Smit	h	Вох	54	Dav	is,	WV.
		Condition gove ris couse (o) lying cous	ns, if ony ie to im stating the se lost.	y, which nmediate ne under-	(c)	OR AS A CON	SEQUENCE O	F				sease					
	O	Hemo	rrha	ofc n	ericar	ditie											
7	CERTIFICATION	19a. DATE OF	OPERATI	8n -	19b. COI	NDITION FOR V	VHICH OPERA	TION W	'AS PERFOR	MED?						TOPSY?	NO []
3		21a EXTERNA UNDERLYING CONTRIBUTIN	G CA	USE OF DE	HOUR	E OF INJURY A.M. MONTH P.M.	19		OW INJURY	OCCURRI	ED LENTER	NATURE OF I	njury in item	18 PART 1 C	OR PART 2}		
	MEDICAL	21d. INJURY O WHILE AT WORK				CE OF INJURY FACTORY, FARM, ET			CATION			CITY OR T	OWN		COUNTY		STATE
カ		22a Leertif death resulta SIGNATURE EXAMINERS I (TYPE OR FRIN	NAME		I causes X	Accident	ve Meld'an Suic	M	Homic TITLE (S DEPUS	PECIFY)	Unde	Inquiry termined in	MINER	DA SK	are 5-	7-19	
	23a.BU	Bur:	ion, REA		lay 8.	•984	AME OF CEM	ETERY O		ORY	123d. L	Davi	s. W	V.Ti	county	St	Ŵv.

DHMH-17 (VR A15 ME (5)) 15M 2/80

24 FUNERAL DIRECTOR "Lester R. Hinkle Davis, WV.

Davis Cemetery 250 DATE REC'D. BY REGISTRAN MAY 1 5 1984 RAD (256, REGISTRAR'S SIGNATURE description of the second seco

the makers of attack yearsons about 198. . . we before

Farmer E. Marke Swife, St. Charles Sp. College St.

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within 24 hours often

					STAT	E OF MARYLAND				
	FOR			DEPARTA	MENT OF H	EALTH AND MENTAL HYG	IENE			
1.5	STATE REGISTRAR				CERTIF	ICATE OF DEATH	Q 44		3 8	di di
1 DE	CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	Y YEAR	2h HOUR
	OR PRINT)			WIDDLE.					1674	28 HOOK
		FREI	DA	Adaline	t	HOUSE (HOUSE				1038A
3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
-	Female		W	nite	Apri		71	YRS.	WINS, DATS	MIN.
Jr. 81	RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY OF		F DEATH	
	aryland	300	USA		WIDOWE	D NEVER MARRIED DIVORCED	Commodit			444
	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	Garrett 12a USUAL OCCUPATION	NC	12b. KIND C	OF BUSINESS OF
	Calaland			H FACILITY, GIVE STREET			(TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY	
USU	Oakland ALRESIDENCE (IF NUR	ISING HOME OR				ial Hospital	Housewife		HO	me
13a S	STATE	13b. COUN		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /			
	Md.	Gar	rett	Oaklan	.d	YES NO X	Route #1,	Box 309	9	21550
14. FA	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	i T
	Louis	Nap	olean	Skipper		Carrie	Viola		Broad	lwater
	VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
(YES, NO OR UNKNOWN]	(IF YES, GIV	E WAR OR DATES)	212-78-6	725	L. Lester Ho	use. See #1:	3 above	e	
	18 CAUSE OF DEAT	TH (Enter on	ly one couse per			TE. Debect in	4507 500 11 15	- 4.00 ; .	APPROXI	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH V	VAS CAUSE	D BY:	RESP		MAN AND	727		Minu	
	4161	IMMEDIAT	E CAUSE (a)	10631	CENT	ory The			MINU	Les
	1101		DUE TO, O	R AS A CONSEQUE		10. 1.			34	
	Canditians, if ony gave rise to im		(b)	PUCM	-onn	ny empo	CISM		30	min
	cause (a), stati underlying cause	ng the	DUE TO, O	R AS A CONSEQUE	NCE OF	(
1	onderlying coose	e idst.	((c)							
7	PART 2. OTHER SIG					NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 10	o ,
ō	ACU		~YOCA			FANCTION				
MEDICAL CERTIFICATION	190. DATE OF OPERA	NOITA	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
E							YES NO	YES		NO 🗆
8	210. ACCIDENT WAS UN	Lane -	11-11-11-1		WEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	f I OR PART 2)	
A P	OR CONTRIBUTING		JH.	M. MONTH DA	YEAR					
2	(IF EITHER, NOTIFY MED 21d. INJURY OCCUR		21e. PLACE		19	211 LOCATION				V
ME	WHILE NOT W	THILE		EET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOV	/N	COUNTY	STATE
	22a.1 certify that				5	15 19 84	_, to	19	PY.	tha (I) we) las
	saw the decea	and plive on	S - 1	ofter death	84,01	nd that in (my) (aur) opinian	death occurred on the da	te and hour a	and from the	couses stated
	22b. SIGNA L	CHO W CHO MO	C. view the body	Other death.		DEGREE			22c. DATE	SIGNED
	V	70 -	0,	2080		ATTENDING PHYSICIAN F	MEDICAL STAF		5-2	4-14
	22d PHYSICIAN SN	AME ITHE	r Marti	Year	-	PHYSICIAN [DIRECTOR PHYSIC	AND		, , ,
				9				2 1 20		550
			red Zel			311 N. Fourt		and, Mo	d. 21	550
	BURIAL, CREMATION	, REMOVAL	23b. DATE	23€ №	AME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	STATE
	buri	al	5/25	/84 F	riend	Cemetery	Oakland,	Garret	tt. M	larvland

DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and call should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

injury, ar other traumotic event, th

IMPORTANT: If Item 21 is marked or Item 18 shaws any

24 FUNERAL DIRECTOR
NAME
Bradley A. Stewart

Oakland, Maryland 21550

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

JUN 4 1984

PARTICIPATION OF THE PROPERTY OF THE PARTICIPATION OF THE PARTICIPATION

20M 4/82

SE PARI, 63. Tal estate of all batelyquit Market May and W. Harm Garr Opportunity Million eleeja word Totals Nos Victoria Ely-screen Mrs. Edua Kirky Mrs. Sav. go, Ma.

FORCAR - SHIR FAUL FG. PARKAR GREETS FOR A W. V. J. MARTANG Will Tunder I home, Prontinge, Ud. 2 100 2 100 2 100 House DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

FOR

STATE OF MARYLAND

DEPARIMENT	OF HEALTH AND	MENTAL HTGIENE	
MEDICAL EXA	MINER'S CEPTI	FICATE OF DEATH	

			14	,-
1	~2	-3	63	6
REG. NO.	0			-

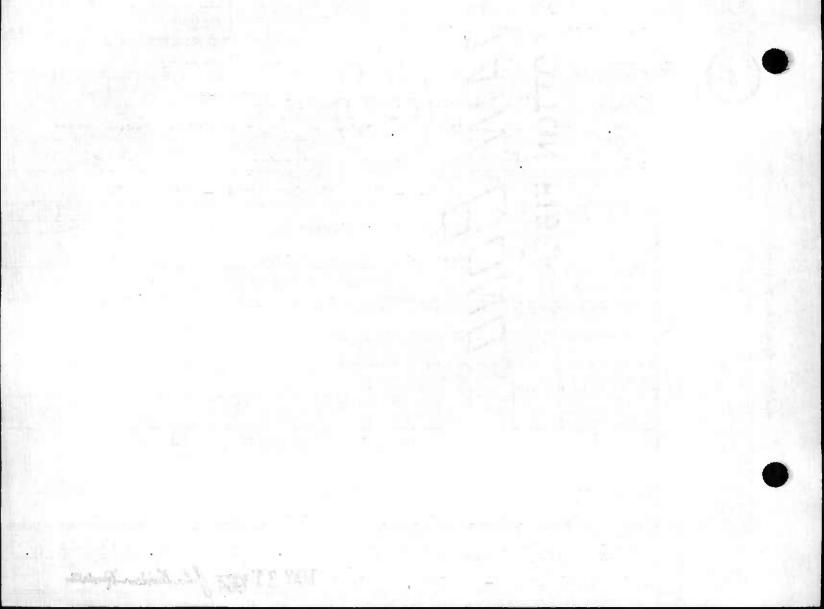
	TATE EGISTRAR		MINER'S CERTIFICATE		5 0 4 0
	EASED NAME FIRST OR PRINT)	MIDDLE	LAST	OF ESTI-	ONTH DAY YEAR 26. HO
	Mary	Ann	MYERS	DEATH MATED	5 2619 84 934
3. SEX	ale White	S. DATE OF BIRTH LAST April 19, 1926 58	(IN YEARS IF UNDER 1 YR. IF UNDE BIRTHDAY) MONTHS DAYS HOURS YRS.	R 24 HRS. 2c. DATE MO PRONOUNCED DEAD	5 26 19 84 934
7a. BIR	THPLACE (STATE OR EIGH COUNTRY) nesota	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED X NEVER MAR		
10. CU	FOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING I (IF NOT IN SUCH FACILITY, GIVE STREET ADD	RESS)	128. USUAL OCCUPATION (TYPE OF W FOR MOST OF WORKING LIFE) Housewife	VORK 12b KIND OF BUSINESS OR INDUSTRY Own Home
USUAL 130. ST	Pa. Alle	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	TISE CITY LIMITS?		ive 15241
Н	rher's name arold	C. Woodmancy		ne	Lewis
		RMED FORCES? E WAR OR OATES) 16b. SOCIAL SEC 291–20-		Myers - same as	13
П	PART I DEATH WAS CAUSE	ATE CAUSE (o) Coronary an	rtery disease		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
	Conditions, if ony, which gave rise to immediate couse (o) stoting the <u>under</u> lying cause last.	(b) Arterioscie	erosis, generaliz	ed	II.
N N	PART 2 DTHER SIGNIFICANT (DINDITIONS	((c) SONTRIBUTING TO DEATH BUT NOT RELATED TO THE	E TERMINAL DISEASE DR CONDITION GIVEN IN P	ART 1 (a).	20 AUTOPSY?
IS I	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF		YEAR 9	RED (ENTER NATURE OF INJURY IN ITEM 18 PART)	YES NO
	WHILE NOT WHILE [STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STAT
	death resulted from: Natu	ge of the remains described obove, held urol couses Accident	Autopsy , Inspection of the control	Undetermined manner .	DATE 5-26-84
7 1	SIGNATURE		W.D. DELOTT	MEDICAL EXAMINER S	IGNER - 20-04
	EXAMINER'S NAME (TYPE OR PRINT)		M. D. ADDRESS 107 S	. 2nd. St., Oaklar	nd, Md.

BP. **DHMH-17** (VR A15 ME (5)) 15M 2/80

Durst Funeral Home

Oakland, Maryland

grilla Davidson- gandalle



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

etoined by the hospital or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages I and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked ar Item 18 shows ony injury, or other troumatic event, the medical exp

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STATE OF MARYLAND

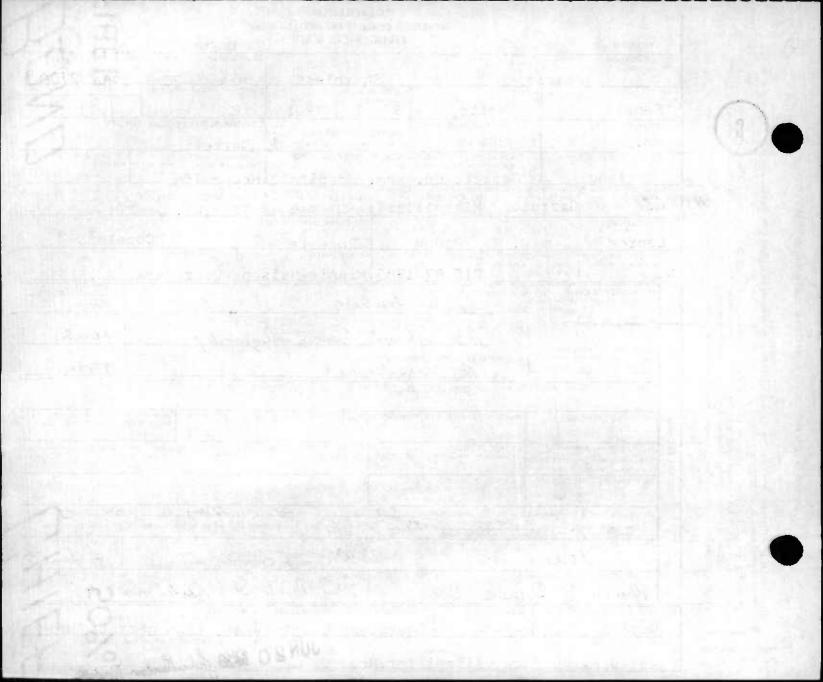
8 Rag.	NO.	3	3 3	6	1
TE OF DEATH	MONTH	DAY	YEAR	26. HOUR	7

	-OK			DEPARIA	MENT OF H	IEALTH AND MENTAL HTG	PIENE		1072 175	1 2
	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 Ra	G. NO.	3 0	4
I. DECE	ASED NAME	FIRST	-17	MIDDLE	L	AST	20. DATE OF DEAT	Н момтн	DAY YEAR	2b. HOUR
,,,,,,		Pearl	е		S	harpless	May	31	1984	2100 PM
3. SEX			4. RACE		5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
/F	emale		Wh.	ite	9	1 1901	82	YRS.		
	HPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9 BALTIMORE CI	Y OR COUNTY	Y OF DEATH	
M	d.		US	A	WIDOWE		Garret	t		MD.
10. CITY	OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCU			OF BUSINESS OR
, (Dakland		Gari		Mem	. Hospital	Housew:			3
	RESIDENCE (IF NUR	136. COUN	other institution TY ett	GIVE RESIDENCE BEFORE 130 CITY OR TOW Kitzmil	N	13d. INSIDE CITY LIMITS? YES NO 😡	13e.STREET ADDR	ESS / ZIP CODE	215	38
14. FATE	HER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	DIF	1.61	SI
Ge	eorge		W.	Paugh		Rosetta	71104		opelan	d
	S DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	A	DDRESS		
NO	, NO OR GIAKIOWIA)	(# 123, 011	. WAR OR DATES	215 07	1985	Minnie Nel	son Dee	r Park	Md.	21550
1	8. CAUSE OF DEAT	H (Enter on	y one couse pe	r line for (a), (b), and	d (c·)				BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) HENT Fricane									les
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate								Mo	n7hs
	gove rise to immediate couse (a), storting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (c) ANTERIO SCICUOSIS							ye.	723.	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN							VEN IN PART 1	0	
CERTIFICATION	DATE OF OPERA	TION	19b. CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES ES []	
	OR CONTRIBUTING	CAUSE OF DEA	TH HOUR A	OF INJURY M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18	PART I OR PART 2)	
¥	MHILE NOT W	HILE [OF INJURY TREET, FACTORY, OFFICE, E	ARM, ETC)	211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
2	sow the deceos obove (1) (we)	ed alive on	Ms	7 198	y Oct	nd that in my (our) opinion	death occurred on t	he date and has		that (we) lost couses stated
2	26. SIGNATURE	lau	ce De)	(DEGREE D. O. ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN 🗌	22c. DATE	SIGNED Lens By
2	Thomas	1 1	AUCE	D.O.		3 Si Tuni	St. C	DellA	us or	n.O.
	RIAL, CREMATION	REMOVAL	23b. DATE	23c f	NAME OF C	CEMETERY OR CREMATORY	23d LOCATION	γN	COUNTY	STATE
E	Burial _		6-3-8	4 SI	harp!	less Cemete	ry Mt. Z	ion Ga		Md
24 ELIN	IERAL DIRECTOR					1. 25n DA	TE REC'D BY REGIST	RARIZSE REGIS	TRAR'S SIGNA	TURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Kitzmiller, Md David Α. Burdock

JUN 20 1984



injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or Item 18 arts

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The

moy be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 REG. N	0.	3	3	6	-
DATE OF DEATH	MACANTH	DAY	VEAD	24 1101	0

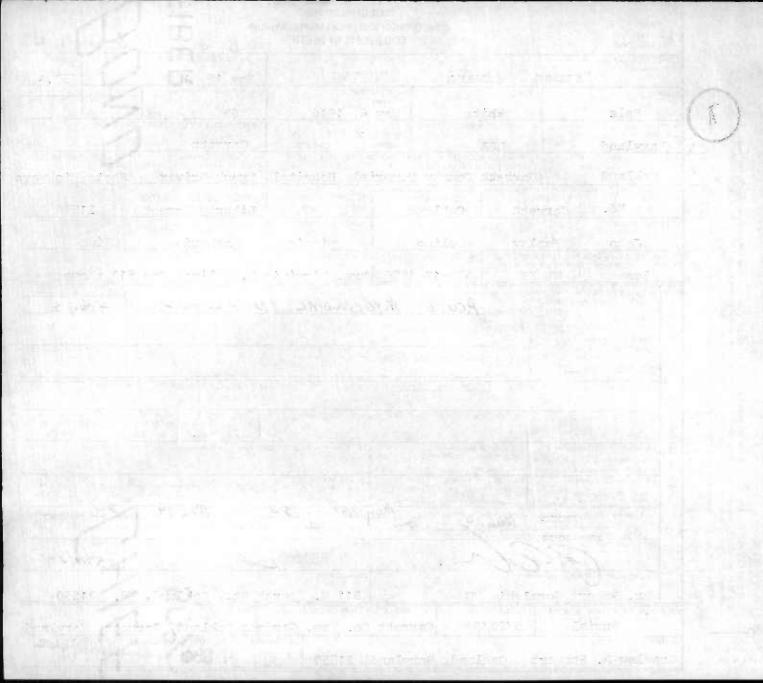
1	- STATE REGISTRAR			DEI ART		ICATE OF DEA		8 4fg.	NO.	3 3	6	3	
	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOL	JR	
(tir	E OR PRINT)	Herman	n Edv	ward	P	DLING		May 19,	1984	had d	953	Ам	
3. SE	X		4 RACE		5. DATE (YEAR 6	AGE (IN YEARS LAST	SIRTHDAY)	MONTHS DAYS	IF UNDER	24 HRS	
	Male		Whi	.te		6, 1916	TEAR	68	YRS.	MOITHS DATS		441114.	
10-8	IRTHPLACE (SIA)	TE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MAR	PDIED	BALTIMORE CITY		OF DEATH			
17	COUNTRY) Maryland		USA		WIDOW	- 44		Garrett				MD.	
	ITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITU		120 USUAL OCCUPA		12b. KIND C			
	Oakland			H FACILITY, GIVE STREET County		ial Host	oital	Truck Dr.		State		hwavs	
	AL RESIDENCE (IF		OTHER INSTITUTION,	GIVE RESIDENCE BEFOR	E ADMISSION)							i i i i i i i i i i i i i i i i i i i	
130.	STATE Md.	Garı		Oaklan		136 INSIDE CITY	DIMITS?	Liberty			1550		
44. F	ATHER'S NAME	Gall	ecc	Uaktan	u	15_MOTHER'S M			JCTGGC		1550		
1	FIRST		MIDDLE	LAST		FIRS		MIDDLE		Q1			
160 \	John WAS DECEASED E		sley	Poling		Mint 17 INFORMANT	nie	Kather.	RESS	Clin	e		
	YES, NO OR UNKNOW	N) (IF YES, GIV	E WAR OR DATES)							11.40			
-	Yes	WW		370-12-		IMrs. Vi	rginia	F. Polin	J, See	#13 ab	ove	DV AI	
	PART I. DEA	TH WAS CAUSE	ly one couse per D BY:	line for (a), (b), or	id (c).1		. /		/ A /	-	ONSET AND	DEATH	
	(1)	IMMEDIAT	E CAUSE (0)	ACUTE	1017	OCALDIA	- 1	UFARCTI	0/0	40	44 5		
	4100		DUE TO, O	R AS A CONSEQU	ENCE OF								
	Conditions, if ony, which (b)												
	gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF												
	underlying o	couse lost.	((c)										
	PART 2. OTHER	SIGNIFICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE OR CO	NDITION GIV	VEN IN PART II	0'		
CERTIFICATION					1								
N N	190 DATE OF OF	PERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?			WERE FINDINGS USED		
E								YES NO		S 🗌	NO [
GE .		AS UNDERLYING			AV VEAR	21c HOW INJUR	RY OCCURRE	D (ENTER NATURE OF IN	JURY IN ITEM 18 I	PART I OR PART 2)			
A		CAUSE OF DEA	and the same of th	M. MONTH D M.	19	N Table							
MEDICAL	21d. INJURY OC		21e. PLACE	OF INJURY		211 LOCATION							
X	WHILE N	OT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR	IOWN	COUNTY		STATE	
	ATTORK	AL MORK	tal\ attattdad th	a decount from	Mo	in 16	10 84	to Ma	4 19	10 34	thot (I) (and lost	
				e deceased from	94.	nd that in (my) tex	ه) opinion de	oth occurred on the	-				
	obove, (I) (x	Reflaid Hamilia	view the body	wer death.		DEGREE	<u> </u>			22c. DATE			
	ZZE. SIGNATUR	111	//	1		ATTE	ENDING	MEDICAL ST	AFF _	22C. UAII	10/5	U.	
	3	1900	W	- 1	200		SICIAN C	DIRECTOR PHYS	ICIAN 🗌	1 3/	1710	1.	
	226. PHYSICIAN					22e. ADDRESS							
	Dr. Rol	bert Goi	ralski,	MD		311 N.	Fourtl	h St., Oal	cland,	Md. 2	1550		
	BURIAL, CREMAT	ION, REMOVAL	23b. DATE	23c.	NAME OF	CEMETERY OR CRE	MATORY	23d. LOCATION	C 3	COUNTY		STATE	
	(SPECIFY) bu:	rial	5/22/	'84 Ga	rrett	Co. Mem.	. Garde	ens Oaklar	nd, Gar	rrett,	Mary.	land	
24. F	UNERAL DIRECTO	OR					25a DATE	REC'D. BY REGISTRA	R 25b. REGIST	TRAR'S SIGNAT	19thand	200	
D.	A TEO E	Ctorran	-t Oak	ADDRESS	l a.s.	A 21550	111	N 4 108	1	want goon	-1/2.10		

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
Bradley A. Stewart

Oakland, Maryland

21550



		REGISTRAR		CERTII	FICATE OF DEATH	8 HEG. NO	0 3 8 4 9
		CEASED NAME Morti	ha Links	ger c	Smith	Ma	MONTH DAY YEAR 26. HOUR 9 A
	1.5E	FEMALE	WHITE	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
16 13		RTHPLACE (STATE OR FOREIGN DUNTRY) MARYLAND	76 CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE WIDOW	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
by the filed		TY OR TOWN OF DEATH	1). NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, I	GIVE STREET ADDRESS)	HOME	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O CLERICAL	
filled in	13a. S	AL RESIDENCE (IF HURSING HOME OF STATE 136 COUN MARYLAND BALT	NTY 13c. CITY	ence before admission) OR TOWN CIMORE	13d. INSIDE CITY LIMITS?		UNKNOWN
ond 2 september 2	No.	THER'S NAME FIRST	LINING LINING		15 MOTHER'S MAIDEN NA FIRST MATT LDA	WIDDLE	CREUTCHBERG.
S. Poges C.		VAS DECEASED EVER IN U.S. AR yes, no or unknown) (IF yes, give		1AL SECURITY NO. 42 6015 A	BETTY ROLLI	NS CUMBERI	LAND, MD. 21502
ng physicic bonpoper removol.		18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE	D BY.	benal	Ischemia		BETWEEN ONSET AND DEATH
by the ottendinose remove cor I, cremotion, or other troumoti		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	bera (.	Antenioseles	nos is	·yis
signed b signed b Then pleas to burial, njury, or o	CERTIFICATION	PART 2. OTHER SIGNIFICANT O	CANDITIONS CONTRIBUT	TING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
hos beer t permit. ene prior		190 DATE OF PERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
certificate riol-transit entol Hygistem 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MOI P.M.		21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
After this ce os the bureling of the bureling of the bureling morked or F	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJUR (AT HOME, STREET, FACTOR	Y RY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	VN COUNTY STATE
OR OR		22a-1 certify that (t) (this hospi sow the deceased alive an	11- 7	1984.0	nd that in (my) (our) opinion	death occurred on the de	, 19 19 , that (1) (we) loote and hour and from the couses stated
by the hospi ERAL DIRECT e detoched for Stote Dept. of		22b. SIGNATURE	entro			MEDICAL STAF	
retoined by the TO FUNERAL should be det with the Store		B.L. GRANT , M			OAKLAND, MD.		
e = 5, 3 ≤ 5 3P	23a. E	BURIAL, CREMATION, REMOVAL CREMATION	23b. DATE 5/8/8/	DAVIS CH	EMATOKY	23d. LOCATION CITY OR TOWN	COUNTY STATE G WASHINGTON MD
H-16 50M7/77 VR A 15 (4))	9	ALS FUNERAL SER	VICE.P.A. WE	STERNPORU	MD.	Miles go	he Devidon Anders

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1000221		35	The month		HARYLAND RAIGH
DARK RUTURNO		auctive 1		XIXIA	C.D.D.
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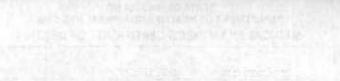
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	STATE REGISTRAR				ME	DICAL	EXAMI	NER'S	CERTIF	CATE	OF DE	ATH4	R	EG. NO.	3	0	3	V
	CEASED NA	ME	FIRST			MIDDLE	234	Table.	LAST	9 - 6	1144	20. DA	E KNO	NN Z	HTMOM	DAY	YEAR	2b. HOUR
,	C ON PRINTY	T.	Villia	ım	Fr	ederi	lck	T	YHURST	,			TH MAT		5	28	1984	430A
SE)	(4. RAC	E	5. DATE	OF BIRTH	YEAR	6. AGE (IN		JNDER 1 YR.		R 24 HRS.		ATE		MONTH	DAY	YEAR	2d. HOUR
M	ale	W	nite	Feb	. 23,	1932	52	YRS.	NIAS DAYS	HOURS	MIN.		AD		5	28	1984	5:40
	RTHPLACE			7b. CITIZ	ZEN OF W	HAT COUN	ITRY?	8. MA	RIED W N	EVER MAR	RIED 🗌		TIMORE	-	COUNT	Y OF D	EATH	
_	ennsyl				USA				WED 🗌	DIVOR			Garr					MD.
	TY OR TOW		ATH.				RSING HO		THER INSTIT	UTION	120. US	NOST OF	CUPATIO	N (TYPE (OF WORK		ND OF BURNING	
	McHen		/	Rur					n Roa	d	Fie	1d 9	er.	Engi	neer	Tec	hico	n Co.
	AL RESIDENCE TATE	E (IF IN NI	NICOUN		STITUTION, G		OR TOWN		13d. INSIDE	CITY LIMITS?	- 1					6	14	949
	Pa		All	.eghe	ny	Pit	tsbur	gh	YES 🔀	NO [arls	dale	Dri	ve/	152	34
JIC FA	ATHER'S NAME FIRST	ΛE		MIDDLE			LAST		15. MOTH	HER'S MAI	DEN NAM	E	MIDDLE			1	LAST	
	Alexar			A.			nurst			rald:	ine			-		Cr	aig	
60. V	VAS DECEAS ES, NO, OR UNK	SED EVER	IN U.S. AR.			16b. SO	CIAL SECUR	RITY NO.	17. INFOR					DRESS				
	No					16	7-26-7	7728	Mrs.	Eile	een S	. Ty	hurs	t, S	ee #			
			TH (Enter an		_											BETW	PPROXIMAT VEEN ONSE	T AND DEATH
	1119	20		TE CAUSE	(o) Co	rona	ry a	rter	y dis	ease	2					Years		
	Condit	Conditions, if any, which Arteriosclerosis, generalized														11		
	gave	rise ta	immediate g the under-		(b)				-0, 8	, 01101						+-		
		ause last			UE TO, OR	AS A COR	NSEQUENC	E OF										
	PART 2 OTHER	SIGNIFICAL	ZKOLTIONO TV	CONTRIBUTI	(c)	BILL NOT BEI	TED TO THE TE	DMINAL DIC	ASE OR CONDITI	ON CINEN IN	DART 1 (-)							
N									rctic		ANT TIGS							
CERTIFICATION	19e. DATE (OF OPER	ATION						WAS PERFO							20. A	UTOPSY	?
IFIC																Y	YES 🗆	NOX
CERT	21e. EXTER	_			16. TIME O		DAY YE		HOW INJUR	Y OCCUR	RED LENTER	R NATURE C	F INJURY IN	ITEM 18 PA	RT 1 OR PA	RT 2)		
AL	UNDERLYIN		OR CAUSE OF		P.N		19	AR										
MEDICAL	21d. INJURY			2		OF INJURY	(AT HOME,	21f.	OCATION			CITY O	R TOWN		501	UNTY		STATE
×	AT WORK	O NOT	WHILE E		STREET, FAC	TORT, PARM, E	(C.)		SIRCET			CIITO	KIOWN		COI	71411		STATE
) I taok chorg	ne of the r	emains de	cribed abo	we held an	7	opsy [],	lospect	ion X,	lno	iry X	and	in my op	inion		
	deoth resi	1 /		rol couses	25	Accident		Suicide [<u> </u>	icide			manner		iii iiiy op	ninon		
	deomines		14010	roi cooses		Accident	7	Joicide L		(SPECIFY)	Onde	:Tertifict	mainiei					
	ACTUAL	1620	me 1	u/ C	1	2	1	~-	M.D.DEP		MFI	DICALE)	AMINER		DATE	5-2	28-1	984
1	EXAMINER	SNAME	Jame	s H	. Fea	aste	r. Ji		M. D.									
	THEORY	(IIII)							ADDRESS					,	Oak	, Lai	ia,	rid.
230. B	URIAL, CREN								OR CREMA			OCATIO		7. 7	COUR	VTY	S	TATE
24. FI	UNERAL DIR	ria]		5/3	1/84	50	outh S	o T de	Cemete		E REC'D. B	Y REGIS	urgh	b. REGIS	TRAR'S S	IGNAT	, Pa	•
	adley		Stowar	+	ADDRESS	nd N	Maryla	nd	21550	.1/4	N A	\$ 100						
DT	aurea	TI.	CEWAL		Janza	uite, I	TOTAL	ulu	41000	1 1011	NAME OF	5 D	SALE .		ARABINETS.	- A	andal	Sec.

DHMH - 17 (VR A15 ME (5)) 15M 7/76













6		1-	STATE	& 23d 84 jp	, film	#G594 DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE (C)		3	8	5	ļ
	_		REGISTRAR CEASED NAME	FIRST	1	MIDDLE		AST	20. DATE OF DI	REG. NO.	DAY	YEAR	?ъ. HOUR	
	2 (25.)	(TYPE	OR PRINT)	Luther	Wh	itson	WERD	EBAUGH	May	3, 1984		-	1115	5A M
	à (a A	3. SE:			. RACE	II COOII	S. DATE C	F BIRTH	6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER	I YEAR	IF UNDER 24	4 HRS
	4	1	Male		Wh	ite	June	24, 1900	83	YRS	MONTHS	DATS	HOURS	MIN.
0	erol dir		RTHPLACE (STATE OR COUNTRY) est Virgin		b. CITIZEN OF USA	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED		city <u>or</u> coun	ITY OF DE	ATH		MD.
	offer de	10. CI	TY OR TOWN OF DE		I. NAME OF	CH FACILITY, GIVE STREET	IG HOME C	rother INSTITUTION	170 USUAL OC (TYPE OF WORK FO	OR MOST OF WORKING	GUFE) IND	JSTRY	Comp	
120	Suno a a	USU.	AL RESIDENCE (IF NUR		THER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)					nce	COM	Jany
20	24 h	130. 5	Md.	Gari	rett	Oaklar		13d. INSIDE CITY LIMITS?		# B Box			21	1550
ξ.	Pin Se Pin	14. FA	THER'S NAME				IG	15. MOTHER'S MAIDEN NA	ME					1550
AAR	P 12/4/		David		rles	Werdebau	igh	Laura		ginia		Bow		
A,	ecute col s		VAS DECEASED EVER	N U.S. ARM	ED FORCES?	166 SOCIAL SECU		17. INFORMANT		ADDRESS	-		010	
WO	a od od	- (NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	220-03-7	7154A	Mrs. Mary E.	Werdeb	augh, Se	ee #13	ab	ove	
ALT	ote b sicion spers. vol.		18 CAUSE OF DEAT	TH (Enter only	one couse pe	r line for (a), (b), and						APPROXI	MATE INTERV	AI
	phy on po emov		PART I. DEATH V		BY: CAUSE (0)	Curdi	a nu	I monay	arres	t		Min	utes	1.0
Z	th ce corbing or re		4966	2	DUE TO, C	R AS A CONSEQUE	ENCE OF			- 0				
201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	deo otte otten roun		Conditions, if ony		(lb)_	COPD	0	nd bas	Itai	lure		Mon	ths	_
₹	y the crem crem			ng the	DUE TO, C	R AS A CONSEQUE	ENCE OF							
201	ed be				(c)		DE 1711 0117	NOT RELATED TO THE TERM	IN AL DISCLOS	D. COLIDITION	0.0/501.01.0	ADT 1		
DS,	sign hen s to bu	Z	PART 2. OTHER SIG	NIFICANIC	ONDITIONS C	ON I RIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE C	OK CONDITION (JIVEN IN P	ARI IIO		
DIVISION OF VITAL RECORDS,	A STATE OF THE PARTY OF THE PAR	CERTIFICATION	19a DATE OF OPERA	ATION	19b. CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS		YES, WERE			
1 R	25 24 2	Ĭ							YES N	NO 🔀	YES 📋	AUSES	NO [15
Z N	Z S S S S S S S S S S S S S S S S S S S	GR	210. ACCIDENT WAS UN		216. TIME C	OF INJURY	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	RE OF INJURY IN ITEM	18 PART LORI	ART 2)		
0	A TOP I	SAL	OR CONTRIBUTING		R .	.M.	19				100		5.5	
<u>0</u>	d Me	MEDICAL	21d. INJURY OCCUR			OF INJURY	ARM ETC)	211. LOCATION STREET		ITY OR TOWN	COL	NIA	\$1A	ATE
<u>></u>	ON PERSONAL PROPERTY.	 	AT WORK NOT W	ORK			-			A	-	1		
	NO SE		226. I certify that			he deceased from_	SAIC	nd that in (my) (our) opinion		404 3	19_4		hat () (we	
	ATTE	1	saw the decease above, (I) (we) ((did) (did not)	1 - 1 - 1	ofter death.			deorn occurred o	on the dore and h		. DATE		ed
	E Day of B	9	22b. SIGNA HIRI	0111	,,0	X now	1		MEDICAL	STAFF	120	0	> /	a
	A STORY OF THE PARTY OF THE PAR		22d PHYSIGIAN'S N	LAME LIVES OR	PRINTI			PHYSICIAN 2	QIRECTOR	PHYSICIAN [2/	7/	0
	OR THE TOP		1)au	10	IM 11	9	311 N. Fourt	h S+	Oakland	ьм	21	550	
	0 8 5 6 3 3	23a. E	BURIAL, CREMATION	REMOVAL	23b. DATE	23,	NAME OF C	EMETERY OR CREMATORY	234 LOCATE	ON	~			
	BP		(SPEC#Y) buria		5/6/8		atawba	0- 11-	Hanos	ow, Wasi	A GEOUNT		a STA	41E
0	HMH - 16 50M 4/83	24 F	UNERAL DIRECTOR		0,0,0	ADDRESS		25a, DAT	E REC'D. BY REC	SURAR HE REG	STRANS		IRE A	
	(VRA 15, 4)	В	radley A.	Stewar	ct Oa	kland, Ma	rylan	d 21530411	0 1984 9	una piula	م) المعادد		1	
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